

# Unlocking the Value of Enabling Technology in Managed LTSS

## Provider Recommendations

### Evaluating New and Existing Technologies



#### Challenges

- Technological interventions may improve members' Quality of Life (QOL) in ways that are not captured in current assessments.
- There are no universal guidelines or standards currently available that plans can use when designing their internal approaches for making coverage determinations on new ET for a group of LTSS members.
- Defining value is challenging for LTSS populations and highly individualized based upon person-centered goals and circumstances.

#### Recommendations

Providers can play a variety of roles in informing and approving access and coverage policies surrounding ET for various LTSS populations:

- Providers should make sure all staff and program leadership are trained in Technology First principles and standard practices for incorporating ET exploration into comprehensive assessment and person-centered planning processes.
- Providers can work with plans and States to develop their capacities for piloting various technological innovations and reporting data back to inform long-term payer policy.
- Providers can serve as an intermediary between HCBS recipients, caregivers, and payers to identify areas where technological solutions are in greatest need to inform strategic investments at a plan and/or State-level.
- Where State HCBS waiver designs permit, providers should identify and forge relationships as a broker between technology vendors, HCBS participants and families, and other providers to ensure appropriate exposure to various technological options to promote informed choice and responsible utilization.
- Providers should proactively engage with health plans and State officials to share the qualitative and quantitative data that could inform policy decisions and investments in ET.



## Streamlining Funding Pathways

### Challenges

- Independence may be facilitated by person-centered interventions, including assistive and enabling technologies, provided by MLTSS plans. Unfortunately, the funding structure in MLTSS is often tied to the volume of services provided, instead of the outcomes achieved. Successful adoption and provision of ET is contingent upon a transformation of how plans and providers are currently incentivized. This means ensuring solid value-based reimbursement models are implemented that reward providers and plans for improving member outcomes and decreasing costs.
- Existing State contracts often do not contain clear funding mechanisms or processes (no common service codes, billing units, common rates, caps, etc.) to adequately offer and pay for assistive and enabling technologies, which leads to administrative barriers for MLTSS plans and partner organizations. Many States and health plans require a denial in order to access specialized medical supplies, which then allows access to some technology.
- Cost shifting between Medicaid and Medicare for dually eligible members continues to be problematic.
- For dually eligible individuals, ET will largely be paid for under their Medicaid coverage. However, ET may lead to decreases in members' acute care costs, leading to cost savings for Medicare that are not necessarily attributed back proportionately to Medicaid.
- Providers also expressed difficulties obtaining ET coverage for dually eligible members if they are initially denied under a member's Medicare coverage. Creating synergies between these two programs could lead to reduced administrative burden for both plans and providers.

### Recommendations

To remain competitive in the next phase of MLTSS provision, both technology vendors and providers will need to adapt to ever-changing market dynamics, fiscal constraints, and heightened expectations from stakeholders. Technology vendors and providers should work to improve access to technological tools that can directly improve the health and quality of life outcomes for LTSS participants. We recommend that providers and vendors consider the following strategies to strengthen the successful provision and uptake of ET:

- Complete all ET-related training and certification required by the State regulatory authority or plan.
- Participate regularly in person-centered planning processes (if/when appropriate) and provide feedback to HCBS consumers' case managers and service coordinators regarding observed needs and potential technological tools that could address such needs.

- Engage with plan market representatives early and often regarding any interest in piloting or introducing new technological innovations to HCBS clients to ensure a seamless partnership and approval process with respect to pilot design, reimbursement, and evaluation.
- Cultivate partnerships between providers and vendors to collaborate on ET initiatives with health plans to maximize the impact of ET uptake, utilization, data collection, and evaluation.



## Facilitating Member, Caregiver, and Provider Education

### Challenges

- Any movement towards the use of ET must recognize that members and caregivers have differing levels of comfort with and desire to embrace technological supports into their daily lives.
- Providers need to be adequately supported to responsibly offer various technologies and help members and caregivers to effectively utilize them.
- Most States have yet to provide clear guidance on how technological support needs should be uniformly assessed across individuals in various waiver programs and populations.
- The lack of access to culturally competent information, provided at a basic level of literacy, makes it difficult for case managers and service coordinators to explore with LTSS participants and their caregivers how ET can be leveraged to address their needs or support their goals.
- This informational asymmetry limits both the ability of members and their caregivers to make informed decisions about ET during the person-centered planning process and the ability of caregivers and providers to support members in maximizing the benefits of technological tools and resources.

### Recommendations

- ET providers and vendors should host onboarding meetings with members and their families/caregivers, provide access to technology home labs, and allow members to trial specific technological solutions before making a final decision. These practices can help teach members and their caregivers about the technology they are signing up for – avoiding purchasing ET that is ultimately a poor fit for the individual – and how their data will be protected. In alignment with person-centered practices, these orientation and educational practices meet members where they are with their technological comfort and needs.

- Providers should work with individuals' case manager/service coordinators and support teams to identify technological solutions that support individuals' person-centered goals, develop anticipated outcomes and evaluation protocols, and tailor the proposed ET interventions for members with different levels of comfort with technology. Informed consent should also be a key element in all assessment, exploration, and planning activities.

## Ensuring Member Safety and Empowerment



### Challenges

- While CMS has provided some initial guidance to improve the protection of member data and privacy, more specific requirements around protections are warranted.
- Guardrails around the use of ET to ensure members' safety and adherence to their person-centered care plans are critical, especially when transitioning from in-person services to services delivered remotely or services enhanced or replaced by ET.
- Technologies must be flexible enough to align with informed consent, member rights, individual privacy, as well as each person's evolving needs and preferences in different settings and stages of life (in accordance with the federal HCBS settings criteria).

### Recommendations

- Providers and vendors should proactively collect data to assess the impact of ET exploration and utilization on member safety and empowerment. Providers should also engage with plan market representatives regularly to provide feedback regarding current ET authorization and coverage processes and potential enhancements to improve member safety and empowerment.

## Measuring the Impact of Interventions



Many tools exist, but few universal or statewide strategies have been implemented to evaluate the impact of ET on health and quality of life outcomes at an individual, population, geographic, or programmatic level.<sup>1</sup> A framework for carefully measuring the impact of ET utilization and trends nationwide would help inform federal and State policy related to access, coverage and payment in the long-term. Assessing the ROI of ET should consider projected care gap reductions, progress in person-centered goal attainment, improved member health and QOL outcomes, and anticipated cost-savings. Beyond just the ROI, ETs may defray the use of other services and can be instrumental in keeping individuals stable and prevent/delay the progression of chronic conditions or disability.

---

<sup>1</sup> The National Core Indicators (NCI) and National Core Indicators for Aging & Disability (NCI-AD) surveys include questions about technology and assistive services. However, they lack specificity and are intended to assess individual consumer experience.

## **Challenges**

- There is lack of clear federal guidance and examples for effectively evaluating the impact of technological solutions (both hardware and software) on LTSS populations.
- States do not have consistent criteria to support plans and providers in measuring the impact and outcomes of ET within HCBS programs.

## **Recommendation**

- Providers should work with plans and State regulators to inform a streamlined process for collecting data and measuring the impact of various ET.